



Replacement of Denials Claiming Requirements Short Doyle/Medi-Cal Phase II

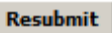
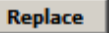
Attention: Local Plan SD/MC Providers

STOP – Impact on You

Effective February 17, 2011 the Department of Mental Health is implementing modifications to the Integrated System (IS) to comply with the State of California Short Doyle/Medi-Cal (SD/MC) Phase II mandatory requirements for **Replacement of Denied Claims**. These modifications affect both Direct Data Entry (DDE) and Electronic Data Interchange (EDI) processing.

CAUTION – What You Need to Know

- **Resubmit Button Relabeled to Replace**

The  button has been changed to . Denied Claims are now being replaced not resubmitted.




- **IS Enhancements Available for Replacement Claims**

Good cause Late Code 11 is available for use on replacement claims. However, providers should contact DMH – Revenue Management Division (RMD) on its use restrictions by phone at (213) 480-3444 or by email at revenuemanagement@dmh.lacounty.gov.

Denied claims with a date of service greater than 12 months from the submit date may be *Replaced*. However, the replacement claim may be denied by Medi-Cal if the State *Receives* the replacement claim more than 97 days from the date the State *Denied* the claim.

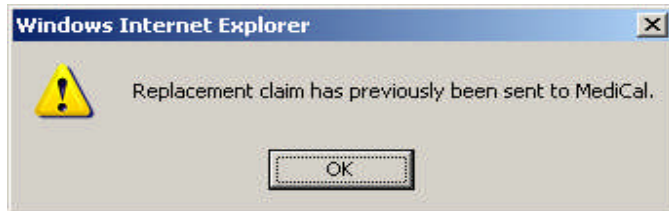
- **Allow SDII Replacement Claims Only**

The IS allows providers to submit replacement claims to Medi-Cal for Short/Doyle II claims only. This means that claims that were submitted prior to SDII implementation of changes cannot be submitted as a replacement claim. Attempting to submit a replacement SDI claim via DDE is not possible as the  button is grayed out.

Attempting to submit a replacement SDI claim via EDI will be denied during inbound processing with a Deny Rule Failure: **Inb837P.Post 97** or **Inb837I.Post 65**: **Allow Replacement Claims for SDII only** with a negative 835.

- ***Allow Only One Replacement Claim to Medi-Cal***

The IS allows providers to submit one replacement claim to Medi-Cal. When submitting a second, third or more Medi-Cal billable replacement claim via DDE, the following error message is displayed:



When submitting a second, third or more Medi-Cal billable replacement claim via EDI, the claim will be denied during inbound processing with a Deny Rule Failure: **Inb837P.Post 98 or Inb837I.Post 66: Allow Only One Replacement Claim to Medi-Cal** with a Negative 835.

- ***Original and Replacement Claims must have matching Client's CIN***

The IS will not allow providers to submit Medi-Cal billable replacement claims with a different Client CIN from the original claim. Therefore, when submitting a replacement claim via DDE with a different Client CIN from the original claim, the following error message is displayed:



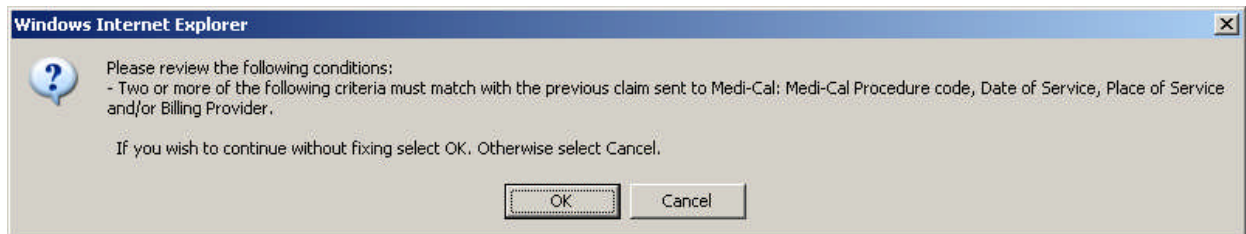
When submitting a Medi-Cal billable replacement claim via EDI the replacement claim must have the same Client's CIN as the original claim, otherwise it will be denied during inbound processing with a Deny Rule Failure: **Inb837P.Post 99 or Inb837I.Post 67: Validate Replacement Claim Client CIN** with a Negative 835.

- ***Replacement Claims with Original Claim Denied by IS Rules or DTA***

The IS does not allow providers to *Replace* claims that were previously denied by IS Rules or DTA Errors. Attempting to submit a denied by Rules or DTA Replacement Medi-Cal billable claim via EDI will be denied during inbound processing with a Deny Rule Failure: **Inb837P.Post 5a or Inb837I.Post 4a: Validate Void/Replace Prior Claim ID or Deny Source** with a negative 835.

- ***Specific Elements on Replacement Claims must match Original Claim***

The IS will display a warning message via DDE if a provider submits a Medi-Cal billable replacement claim with three or more of the key elements different from the original claim. If there is a change to Medi-Cal Procedure Code and Date of Service and Place of Service and/or Billing Provider the IS will display the following warning message:



The warning message allows the provider to continue with the transaction with changes to three or more of these specific elements. However, please keep in mind that the State will deny the claim. There is no validation for EDI claims.

- ***Five New Day Treatment Authorization Claim Edits***

In conjunction with the SDII Replacement of Denials implementation five new edits are being implemented to the Day Treatment Web Service.

The following edits are:

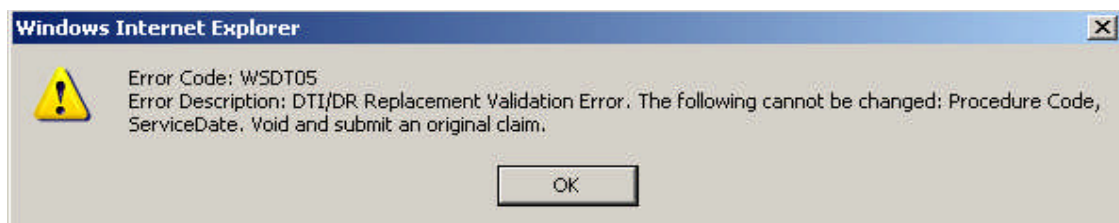
- ***Error Code: WSDT04***

If a provider attempts to *Replace* a Day Treatment claim via DDE and the original claim is not found in the database the IS will display the following error:



- ***Error Code: WSDT05***

If a provider attempts to *Replace* a Day Treatment claim via DDE and changes the Procedure Code or Date of Service, the IS will display the following error instructing the provider to *Void* the claim and submit an original claim:



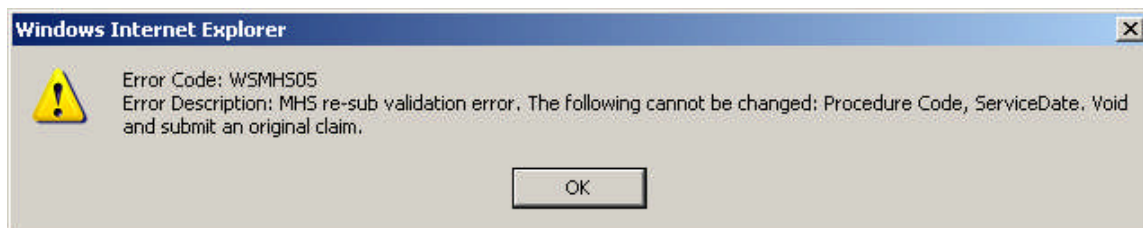
- **Error Code: WSC07**

If a provider attempts to *Void* a Day Treatment claim via DDE and the original claim is not found in the database, the IS will display the following error:



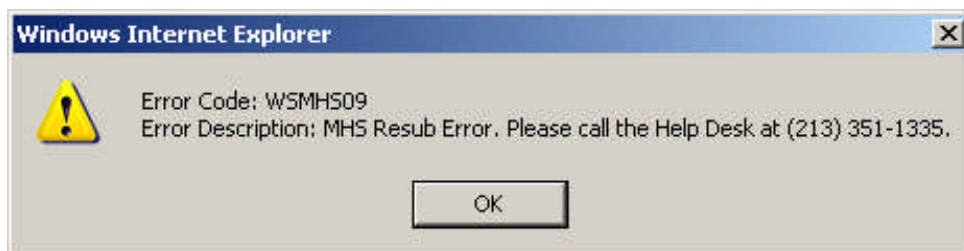
- **Error Code: WSMHS05**

If a provider attempts to *Replace* a Day Treatment Mental Health Services (MHS) claim via DDE and changes the MHS Procedure Code and/or the Date of Service, the IS will display the following error instructing the provider to *Void* the claim and submit an original.



- **Error Code: WSMHS09**

If a provider attempts to *Replace* a Day Treatment MHS claim via DDE and the original claim is not found in the database, the IS will display the following error:



Submitting Day Treatment claims via *EDI* for each scenario above will be denied during inbound processing with the exact error code and description as the DDE error code plus a negative 835.

GO – What You Need to Do

Please review the updated reference material:

- DDE DT Error Messages
http://dmh.lacounty.gov/hipaa/documents/DDE_DT_ErrorMessageslisting_02162011_000.pdf
- EDI Deny Reason Cheat Sheet
http://dmh.lacounty.gov/hipaa/documents/DenyRuleCheatSheet_000.pdf

If you have any questions regarding new edits and/or business rules in the IS, please contact the Help Desk at (213) 351-1335.

If you have billing questions, please contact the Revenue Management Division by phone at (213) 480-3444 or by email at revenuemanagement@dmh.lacounty.gov.